Entry Blank—Please Type or Print ☐ Ms./Artist STAUFFER THOM Mr./Artist (last name last) 602 Hilling Daytime Tel. (26) 678-6924 Temporary or Studio Address 257 N. WATER ST. FENT Off. 44240 Daytime Tel. (216) 678 - 6924 If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) GLEN If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum sho ☐ Museum she delivery: AM FRIDAY Touts City Zip take straight to Special Ins Entry Blank m ved unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

I have received the unsold/un depted object(s) in good

Signature

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

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